



## ***Texas Department of Insurance***

### ***Division of Workers' Compensation***

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## ***MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION***

### ***GENERAL INFORMATION***

#### **Requestor Name and Address**

ROBERT J COOLBAUGH DC  
2318 50<sup>TH</sup> STREET  
LUBBOCK TX 79412

#### **Respondent Name**

TEXAS MUTUAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 54

#### **MFDR Tracking Number**

M4-12-0498-01

### ***REQUESTOR'S POSITION SUMMARY***

**Requestor's Position Summary:** "Preauthorization limited session/visit to no more than 1 hr; no more than 4 CPT codes & no more than 45 minutes of cumulative codes."

**Amount in Dispute:** \$376.83

### ***RESPONDENT'S POSITION SUMMARY***

**Respondent's Position Summary:** "The requestor, through mutual agreement with Texas Mutual, received preauthorization for nine physical therapy sessions. These sessions were limited to one hour. These sessions were limited to no more than three timed codes. And these sessions were limited to no more than four codes and no more than 45 minutes of cumulative time codes. Yet the requestor billed four units of code 97110, a 15 minute time code each, and one unit of 97112, another 15 minute time code. The requestor did not abide by the terms of the mutual agreement. For each session the requestor billed an hour of time codes though it agreed to provide no more than three."

**Response Submitted by:** Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723

### ***SUMMARY OF FINDINGS***

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 22, 2010 November 23, 2010 November 24, 2010 November 29, 2010 December 1, 2010 December 2, 2010 December 6, 2010 December 8, 2010 December 14, 2010	Physical Therapy Services – CPT Code 97110	\$376.83	\$ 0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.600, requires preauthorization for specific treatments and services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated January 11, 2011

- CAC-198-Precertification/Authorization exceeded.
- 760-Preauthorization limited session/visit to no more than 1 hr; no more than 4 CPT codes and no more than 45 minutes of cumulative time codes.

Explanation of benefits dated January 24, 2011

- CAC-198-Precertification/Authorization exceeded.
- 760-Preauthorization limited session/visit to no more than 1 hr; no more than 4 CPT codes and no more than 45 minutes of cumulative time codes.

Explanation of benefits dated February 24, 2011

- CAC-198-Precertification/Authorization exceeded.
- 760-Preauthorization limited session/visit to no more than 1 hr; no more than 4 CPT codes and no more than 45 minutes of cumulative time codes.

Explanation of benefits dated May 13, 2011

- CAC-198-Precertification/Authorization exceeded.
- 760-Preauthorization limited session/visit to no more than 1 hr; no more than 4 CPT codes and no more than 45 minutes of cumulative time codes.
- CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891-No additional payment after reconsideration.

### **Issues**

1. Did the requestor obtain preauthorization approval for the disputed physical therapy services?  
Is the requestor entitled to reimbursement?

### **Findings**

1. Per 28 Texas Administrative Code §134.600(p)(5)(A) the non-emergency healthcare that requires preauthorization includes: "(5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to:

(i) Modalities, both supervised and constant attendance;

(ii) Therapeutic procedures, excluding work hardening and work conditioning."

On November 18, 2010, the requestor obtained preauthorization approval by mutual agreement for "Physical Therapy 3 x Wk x 3 Wks 97110 97112...between 11/18 – 12/18/10, AND, the approved physical/occupational therapy sessions/visits are limited to a SINGLE SESSION PER DAY, FOR THE COMPENSABLE INJURY (ALL BODY AREAS) and, that session is limited to 45 minutes to 1 hour duration, no more than 4 CPT codes (97 codes) per session and no more than 45 minutes of cumulative timed codes."

The respondent states in the position summary that "The requestor, through mutual agreement with Texas Mutual, received preauthorization for nine physical therapy sessions. These sessions were limited to one hour. These sessions were limited to no more than three timed codes. And these sessions were limited to no more than four codes and no more than 45 minutes of cumulative time codes. Yet the requestor billed four units of code 97110, a 15 minute time code each, and one unit of 97112, another 15 minute time code. The requestor did not abide by the terms of the mutual agreement. For each session the requestor billed an hour of time codes though it agreed to provide no more than three."

Review of the submitted documentation finds the following:

- Per the preauthorization report nine sessions were approved and nine sessions were performed.
- Per the preauthorization report the services dates were to be done between November 18, 2010 and December 18, 2010. A review of the submitted documentation supports that the dates of service were November 22, 2010 through December 14, 2010, which are within the approved timeframe.
- Per the preauthorization report the physical therapy sessions were limited to a single session per day for the compensable injury. A review of the submitted billing supports billing of one session per day in accordance with preauthorization report.
- Per the preauthorization report the physical therapy sessions were limited to 45 minutes to one hour duration. A review of the billing indicates that the requestor billed three units of 97110-GP-59 and one unit of 97112-GP-59.

CPT code 97110 is defined as "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility." Since the requestor billed for three units this would total 45 minutes.

CPT code 97112 is defined as "Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities." Since the requestor billed for one unit this would total 15 minutes.

Based upon the submitted billing the requestor did not exceed the preauthorized one hour session.

- Per the preauthorization report the approval was limited to four CPT codes per session. Based upon the submitted billing the requestor billed for two CPT codes, 97110-GP-59 and 97112-GP-59 in accordance with preauthorization report.
- Per the preauthorization report the session was limited to no more than 45 minutes of cumulative timed codes. The requestor billed CPT codes 97110-GP-59 times three (3) units and one unit of 97112-GP-59. These are timed codes. The requestor exceeded the preauthorized 45 minutes of cumulative timed codes. A review of the submitted documentation supports payment of one unit of 97112-GP-59 and two units of 97110-PG-59; therefore, the requestor was paid in accordance with the November 18, 2010 preauthorization report that was mutually agreed upon. As a result, no reimbursement is recommended.

## **Conclusion**

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The Division concludes that the requestor failed to support its position that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
01/10/2012  
Date

### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**